

PLAINTIFFS EXHIBIT A



June 25, 2021

Dennis Roos, Jr.
186 North Main Street
Aspers, PA 17304

RE: Dennis Roos, Jr. Vs. PeopleShare, LLC
Case No. 201904281

Dear Dennis Roos, Jr.,

It has been one year since you filed your complaint with the Pennsylvania Human Relations Commission. This is to notify you that you now have the right to bring an action in the appropriate Pennsylvania Court of Common Pleas based on the alleged violations of the PHRA Act contained in your Commission complaint. This right is provided under Section 12(c) of the Human Relations Act, 43, P.S. § 962(c).

Please be advised that you are not required to file such an action in the State Court of Common Pleas. The Commission is continuing to process your case, and we will make every effort to resolve it as soon as possible. If we are not notified otherwise, we will assume that you want the Commission to continue handling your case.

If you do file a complaint in a Court of Common Pleas, the Commission will dismiss your complaint. This means that you will be unable to have the Commission decide your case even if your complaint is dismissed in State Court because of a procedural error. Procedural errors may include filing the complaint in State Court in the wrong county or filing in State Court after your time to file has expired. For this reason, you should make every effort to assure that any complaint you file in State Court will be properly filed before you file it.

If you believe you might want to take your case to State Court, we suggest that you consult a private attorney about representing you in that action. This should be done before you file the complaint so that your attorney may advise you on the best course of action for you to take.

Should you file a complaint in State Court, you are required by Section 12(c)(2) of the PHRA Act to serve the Human Relations Commission with a copy of the Court complaint. This copy must be served on the Commission at the same time you file it in Court. The copy is to be sent to:

Chief Counsel
Pennsylvania Human Relations Commission Executive Offices
333 Market Street, 8th Floor
Harrisburg, PA 17104-2210

If you have any questions concerning this matter, please feel free to contact the investigator who is handling your case.

Very Truly yours,

A handwritten signature in dark ink that reads "Chad Lassiter" followed by the initials "MSW".

Chad Lassiter

Executive Director

cc: Jeremy Donham



Dear, PeopleShare Chambersburg

Enclosed for service upon you, please find a Complaint of discrimination filed against you before the Pennsylvania Human Relations Commission ("PHRC"). The following additional items are enclosed:

1. Legal Notices
2. Data and Document Request
3. Certificate of Service

You must file an Answer to the Complaint within thirty (30) days. It is imperative that you read the enclosed materials and take immediate action. Please be aware that failure to take the required actions **may result in the PHRC entering a decision against you.**

The below Investigator is assigned to your case:

Curtis McCoy
Investigator
717-783-8270
cumccoy@pa.gov

Thank you for your cooperation,

Pennsylvania Human Relations Commission



LEGAL NOTICE

NOTICE TO DEFEND

A Complaint has been filed against you before the Pennsylvania Human Relations Commission ("PHRC"). In order to defend against the claims set forth in the Complaint attached hereto, you must take action within thirty (30) days of the service of the Complaint by filing with the PHRC a written, verified Answer. A verified Answer consists of a sworn oath or affirmation or an unsworn statement by the signer to the effect that the answer is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). Your Answer must be so drawn as to fully and completely advise the other parties and the PHRC as to the nature of all defenses and objections, must admit or deny specifically each averment of fact in the complaint (unless you state that after reasonable investigation you are without knowledge or information sufficient to form a belief as to the truth of an averment), and must state clearly and concisely the facts and matters of law relied upon.

At the same time you file your Answer with the PHRC, you must serve a copy of the Answer on each named Complainant and on the Complainant's attorney of record, if there is one.

You are warned that if you fail to file an Answer, the case may proceed without you and the PHRC may enter a decision against you without further notice. You may lose rights, which are important to you. If you are unable to file an Answer within the time period set forth above, you may file with the PHRC a written request for an extension of time. For good cause shown, the PHRC may grant you an extension of not more than thirty (30) days in which to file your Answer.

Although you are not required to retain an attorney, you are advised that if you want legal representation you should take this notice and the Complaint to an attorney at once. If you have any questions about this notice, you should contact the assigned investigator.

NOTICE OF RECORD RETENTION

You are hereby requested to preserve all hard documents and electronically stored information ("ESI") pending further instructions. Please note that the preservation requirement applies to all documents **in your possession or control**. It includes multiple copies to the extent that they exist. Additionally, all documents in your possession or control, regardless of whether or not you were the author or creator, are subject to the preservation requirements.

The duty to preserve is required by law. A court could determine that failure to preserve material constitutes spoliation of evidence relevant to the litigation, resulting in significant sanctions, as well as an unfavorable outcome in the litigation itself.

NON-RETALIATION

It is unlawful for any person, employer, employment agency or labor organization to discriminate in any manner against any individual because such individual has opposed any practice forbidden by the Pennsylvania Human Relations Act, or because such individual has made a charge, testified or assisted, in any manner, in any investigation, proceeding or hearing thereunder.



REQUEST FOR INFORMATION

Please provide the following information concurrent with the Answer. Note that you are required pursuant to 16 Pa. Code § 41.82 to **retain records** relating to the employee who filed this Complaint and relating to other employees/candidates holding similar positions until the final disposition of the Complaint.

Information about your business:

1. Full legal name of Respondent
2. Address
3. Name of President or Chief Executive Officer
4. Phone Number
5. Email

Person Designated to provide information/documents:

6. Name
7. Address
8. Phone Number
9. Email

Identify Decision Makers:

10. Indicate the name and title of all persons involved in the decision regarding the alleged act(s) of discrimination. Describe the role of each in the decision-making process.

Provide Verified Decision Maker Statements:

11. Provide a verified statement from each decision maker explaining in his or her own words each and every reason(s) for the actions taken.

Provide Information Relating To Policies:

12. Provide a copy of any written rules, policies, employee handbook, norms or standards that are of applicable to the allegation or the Respondent's defense which were in effect at the time of the alleged act of harm.
13. Provide an explanation for any deviation from this policy or standard, if any.

Provide Witness Statements/Documents Supporting Defense:

14. If any witnesses are important to your defense, send verified statements, in their own words, from these witnesses. Indicate any business or family relationship to the witnesses. Provide the last known address and phone number for these witnesses.
15. If any documents support your defense or are referenced in your answer, provide a copy of these documents.



REQUEST FOR INFORMATION

Verifications:

Provide signed and dated verification from each person submitting the above-requested documents stating:

I am authorized by the respondent to make this certification. By this statement, I hereby certify that all documents and data herein submitted are to the best of my knowledge and information true and correct copy of the only such documents in existence in response to the questions asked. I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.



Dennis Roos, Jr. Vs. PeopleShare Chambersburg

PHRC Case No. 201904281

Certificate of Service

Pursuant to the requirements of 1 Pa. Code § 33.31, I hereby certify that I have this day served the foregoing Complaint by first class mail, postage prepaid, as follows:

Dennis Roos, Jr.
186 North Main Street
Aspers, PA 17304

Jeremy A. Donham Esq.
P.O.Box 487
Dellslow, WV 26531

PeopleShare Chambersburg
120 Chambers Hill Drive
Chambersburg, PA 17201

Demora Wallace

Demora Wallace

AUG 27 2020

08/27/2020

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE
PENNSYLVANIA HUMAN RELATIONS COMMISSION

Dennis Roos, Jr.,
Complainant

v.

PeopleShare Chambersburg,
Respondent

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: PHRC Case No. 201904281

COMPLAINT

JURISDICTION

1. Jurisdiction is pursuant to the Pennsylvania Human Relations Act 43 P.S. §§ 951-963.

PARTIES

2. The Complainant herein is:


Dennis Roos, Jr.
186 North Main Street
Aspers, PA 17304

3. The Respondent herein is:

PeopleShare Chambersburg
120 Chambers Hill Drive
Chambersburg, PA 17201

201904281

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION		Charge Presented To: _____ Agency(ies) Charge No(s): _____ <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 530-2020-00418	
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.			
Pennsylvania Human Relations Commission and EEOC <i>State or local Agency, if any</i>			
Name (Indicate Mr., Ms., Mrs.) Mr. Dennis C. Roos, Jr.		Home Phone (incl. Area Code) (717) 688-6888	Date of Birth 10/30/1979
Street Address 186 North Main Street		City, State and ZIP Code Aspers, PA 17304	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency that I believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name PeopleShare Chambersburg		No. Employees, Members 500+	Phone No. (Include Area Code) 717-267-1600
Street Address 120 Chambers Hill Drive		City, State and ZIP Code Chambersburg, PA 17201	
Name Indeed		No. Employees, Members 500+	Phone No. (Include Area Code) 203-328-2691
Street Address 177 Broad Street, Stamford, CT 06901		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input checked="" type="checkbox"/> OTHER (Specify) Failure to Hire due to Disability/Use of MM		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 07/10/2019 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): 1. Complainant is a certified Metal Inert Gas ("MIG") Welder with Tungsten Inert Gas ("TIG") experience. 2. Complainant had a significant workplace injury in March 2014. Complainant fractured his right wrist at the radius, his left wrist at the metacarpal, tore the labrum in his left hip, and had an annular tear at L4-L5 in his spine. This workplace accident required him to have numerous surgeries and pain management including the use of Opioid medications. 3. Complainant's physician subsequently prescribed Medical Marijuana to be used at bedtime, rather than using Opioid medications which can cause addiction.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Date 11-1-2019		Charging Party Signature 	

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

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Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

530-2020-00418

Pennsylvania Human Relations Commission

and EEOC

State or local Agency, if any

4. On July 10, 2019, Complainant spoke to recruiter for Respondents PeopleShare and Indeed, Keirsten Schriner, to discuss his interest and qualifications for a welding position. Ms. Schriner stated she would keep his information in their files if something opened up.
5. On September 26, 2019, Complainant received a message that Respondents were looking for Full-time MIG welders with TIG experience in his area. (Complainant was more than qualified for position).
6. On October 3, 2019, Complainant received an email from recruiter for Respondents, Codey Huff encouraging him to apply for the job in the Shippensburg, PA area.
7. Next, Complainant received an email from recruiter for Respondents, Brandi Fried, to set up interview for October 10, 2019 at 11:00 am with Mr. Huff.
8. Complainant arrived on time for his interview, completed the online paperwork as well as application and then electronically signed application.
9. Mr. Huff later noticed that Complainant did not sign the substance abuse policy form and questioned him about it.
10. Complainant advised Mr. Huff that he was a certified Medical Marijuana patient and was treating for chronic back pain from a work-related injury and then showed Mr. Huff his PA Medical Marijuana Program ID Card.
11. Mr. Huff immediately stated that he was not going to waste Complainant's time interviewing him because he would fail a pre-employment drug screening. Mr. Huff also declared that he believed that Marijuana is illegal.
12. Complainant then told Mr. Huff that he felt he was being discriminated against due to his disability and use of the Medical Marijuana.
13. Mr. Hudd retorted, that even though Complainant was a patient, Marijuana is still illegal federally.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

11-15-2019

Date



Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

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FEPA

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EEOC

530-2020-00418

Pennsylvania Human Relations Commission

and EEOC

State or local Agency, if any

14. Complainant requests all available remedies including punitive relief under the Americans with Disabilities Act ("ADA) for Disability Discrimination and Discrimination on the basis of use of Medical Marijuana for his disabilities (as certified under Pennsylvania Law), and Corresponding claims under the Pennsylvania Human Relations Act, ("PHRA).

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

11-1-2019

Date



Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)